Financial Performance and Service Quality Analysis of State Owned District Hospitals in Punjab

A

Synopsis

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SUPERVISOR:

Dr. Manpreet Kaur

Department of Business Management and Commerce

SUBMITTED BY:

Parampreet Singh

Roll Number: 20RCPHDC002

DEPARTMENT OF COMMERCE

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Candidate's Declaration

I hereby certify that the proposed work which is being presented in the synopsis entitled, **"Financial Performance and Service Quality Analysis of State Owned District Hospitals in Punjab."** in partial fulfillment of the requirement for the award of the Degree of Doctorate of Philosophy and submitted in the Department of Commerce of the Desh Bhagat University, Mandi Godindgarh, Punjab is an authentic record of my own work that will be carried under the supervision of **Dr. Manpreet Kaur,** Assistant Professor, Department of Business Management and Commerce. The matter presented in this synopsis has not been submitted by me for the award of any other degree of this or any other university.

Parampreet Singh
Roll No. 20RCPHDC002

This is to certify that the above statement made by the candidate is correct to the best of our knowledge.

Dr. Manpreet Kaur
Department of Business Management and Commerce
Desh Bhagat University, Mandi Godindgarh

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INTRODUCTION:-

Health care comes under basic need of the human being. As per the **Constitution on India** *Article 39 (E)* directs the State to secure health of workers, *Article 42* directs the State to just and humane conditions of work and maternity relief and *Article 47* casts a duty on the State to raise the nutrition levels and standard of living of people and to improve state owned health. It is responsibility of the state to provide these facilities at minimum cost and with an easy access. Service is intangible in nature. Therefore, it is general assumption that services are difficult to measure. Health care services are people based thus, are heterogeneous in nature depends upon mood, environment, actions and circumstances of service provider and service receiver; doctors treat same disease with variations and patients vary in their opinions as well for the same consultant. In all developed or developing countries, health care services provided by state owned hospitals are not satisfactory. Specially in developing nation, a large number of population lives in rural areas they are more exposed to diseases due to lack of education, unhygienic living conditions, low diet and many other reasons. They have little access to the cities and to better health units. This makes their lives more miserable.

Health is a fundamental right of human being and it must not be overlooked

in any case. It is widely believed that State owned sector hospitals are generally considered poor service providers, mismanaged, and politicized units. There is a lack of state owned trust and confidence in government hospitals in terms of quality services provided at their end due to insufficient infrastructure facilities, lack of responsiveness, low reliability, and absence of empathy, obsolescent equipments, and minimal medicines availability. This leads to overcrowding, and ina result usually moving to a sharp decline in the quality of services.

In a globally competitive world, hospitals that can successfully implement an appropriate business process improvement tend to gain a significant competitive advantage. This leads to questions related to _what‘ and _how‘ quality initiatives should be implemented to improve the overall service quality and customer satisfaction. Measuring the service quality has become a very important issue for any organization. Service quality is recognized as a strategic tool to gain operational efficiency and continuous improvement in the organizational performance. An

organization must know what are the quality standards demanded by their consumers, for that

,they have to measure the gaps between, what is demanded and what they are serving actually for satisfying their consumers. Service quality and patients‘ satisfaction are closely related. Service is an attitude formed by a long term overall evaluation of a hospital‘s performance. A survey of opinion of patients ‘regarding the healthcare service provided by hospitals is one of the main tools to measure the quality of service. Now days, the patients‘ satisfaction is an integral part of hospital management across the world.

It has been accepted that the effectiveness of healthcare depends on the patients‘ satisfaction with the services provided by the hospitals. Supporting this view, many studies have been conducted and concluded that satisfied patients would only follow the advice given by the doctors, follow the information provided by the doctors and would continue using the services provided by the hospitals The Health and Family Welfare Department is committed to provide preventive, promotive and curative Health Services to the people of the State through a good net- work of medical institutions such as sub-centers, subsidiary health centers (dispensaries/Clinics etc.), primary health centers, community health centers, Sub-Divisional and Distt. Hospitals, Government Medical & Dental Colleges. In Punjab National Accreditation Board For Hospitals & Healthcare Providers (NABH) is a central body which is helpful to regulate the hospitals in Punjab, In state owned hospitals the major contribution is given by Punjab health system corporation this corporation is run under the guidance of department health and family welfare, Govt of Punjab . After this, in these days the new policy of government on state owned health is adopted by Directorate of Health Services, In Punjab- National Health Mission includes national urban health mission and

national rural health mission Punjab. Also Punjab State Aids Control Society is creating awareness under the ministery of health and family welfare department. There is also Punjab health system corporation which provides the various programs/schemes like Jan aushadhi, telemedicine, rogi kalian samiti, punjab nirogi society and quality assurance programme etc.

In healthcare organizations, service quality and patients satisfaction is getting considerable attentions and this issue is considered in their strategic planning process. Patients‘ perceptions about the services provided by a particular health care organizations also effects the image and

profitability of the hospital (Donabedian, 1980; Williams and Calnan, 1991) and it also significantly effects the patient behavior in terms of their loyalty and word-of-mouth (Andaleeb, 2001). Moreover, increased patients expectations about the service quality had realized the healthcare service providers, to identify the key determinants that are necessary to improve healthcare services that causes patients satisfaction and it also helps the service providers to reduce time and money involved in handling patient‘s complaints (Pakdil & Harwood, 2005). Patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization (Cronin & Taylor, 1992; O‘Connor et al., 1994). It means that customer satisfaction is the major device for critical decision making in selecting a health care services (Gilbert et al., 1992) and quality of services delivered to the customers should meet their perceptions (Parasuraman et al., 1985, 1988; Reidenbach & Sandifer-Smallwood, 1990; Babakus & Mangold, 1992; Zeithaml et al., 1993). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in health-care organisations. Information relating to this is not generally available to the state owned , and remains within the purview of health-care professionals and administrators (Bopp, 1990). Functional quality, in contrast, relates to the manner of delivery of health-care services.

Like the other service organizations; healthcare sector has also become a highly competitive and rapidly growing service industry around the world. The biggest challenge faced by healthcare markets is to define and measure the service quality. However, it was recognized in earlier study that _SERVQUAL‘ is a comprehensive scale to empirically estimate the level of quality services delivered to customers, and it is best suitable in the hospital environment (Babkus &

Mangold, 1992). In healthcare, patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization (Cronin& Taylor, 1992; O'Connor et al., 1994). It means that customer satisfaction is the major device for critical decision making in selecting a healthcare services (Gilbert et al., 1992) and quality of services delivered to the customers should meet their perceptions (Parasuraman et al., 1985, 1988;Reidenbach & Sandifer-Smallwood, 1990; Babakus & Mangold, 1992; Zeithaml et al., 1993).Hospitals as organisations (whether for profit or not) are subject to the same processes of sustainability and strategic management partly as objects and victims but also as beneficiaries of

sustainable business enterprises .Their position is locked within the national systems to supply the healthy human resources needed for sustainable development (Alasad & Ahmad, 2003).

REVIEW OF LITERATURE:

Bhat Ramesh & Jain Naresh (2006) analyses financial performance of private hospitals. The study is based on financial statement data of private hospitals for the years 1999 to 2004. Using 25 key financial ratios, the study finds six key financial dimensions. These are: fixed assets age, current assets efficiency, operating efficiency, financial structure, surplus/profit appropriation, and financial profitability/operating cost ratio. The findings suggest that the total amount of debt is not high; it is the cost of debt and ability to service the debt which is making debt burden high for hospitals. The financial risks in this sector arehigh because of lower profitability and lower operating efficiencies. We discuss the implications of the results.

Bastos José & Gallego Pablo (2008) in a competitive world, firms expect to increase the quality and customer satisfaction, and obtain customers more loyalty to the firm. These are keys to lead the market. The understanding of what drives the customer to be more loyal is the crucial element of all. The customer decision-making process for service products, and especially with services that are linked to health, is modeled as a complex system that incorporates direct and/or indirect effects on behavioral intentions.

Munhurrun Prabha Ramseook et al. (2010) using the SERVQUAL instrument, this study was able to help this state owned organization identify important areas for improvement in its service delivery. The findings revealed that employees and

customers did not have significant differences in opinions in terms of the gaps between their perceptions and expectations of that state owned organization. How important it is for an organization, be it a state owned sector organization, to conduct a survey and consider the opinions of its customers and its employees in identifying areas for service quality improvements. It is therefore very important for them to know how customers evaluate service quality and what they can do to measure and improve service quality.

Kumar Dey (2010) introduced a quality management framework by combining cause and effect diagram and logical framework. An intensive care unit was identified for the study. They found that patients improved infrastructure, state-of-the-art equipment, well maintained facilities, IT- based communication, motivated doctors, nurses and support staff, improved patient care and improved drug availability were considered the main project outputs for improving performance. The proposed framework was used as a continuous quality improvement tool, providing a planning, implementing, monitoring and evaluating framework for the quality improvement measures on a sustainable basis.

Sandip Anand (2010) carried out the follow-up survey in Tamil Nadu, Maharashtra, Bihar and Jharkhand. Dimensions include: service proximity, doctor availability, waiting time, medicines, facility cleanliness, dignified treatment, privacy, service affordability and treatment effectiveness. Findings indicated that doctor availability, waiting time, cleanliness, privacy and affordability at private health facilities enhance the probability that a health facility will be used for any reproductive health purpose.

Havva Çaha (2010) found Patients preferred private hospitals due to their belief that private hospitals provide qualitative health service in Turkey. But this did not mean that they encounter sufficient services. On the contrary, a large number of patients complain about services given by private hospitals. The complaints were mainly about the length of the time that they wait for treatment and the consultation time given to them. As a result, this study indicated that satisfaction of the patients seem to be the most important factor for the private health care providers.

Irfan M.A. & Ijaz A. (2011) the poor quality of healthcare services delivered to

patients by state owned hospitals as compare to the private hospitals are due to the many factors. These factors include: government funding, lack of government interest in development of new healthcare projects rural areas and overburdened state owned hospitals due to rapid growth in population and people trends to move from rural areas to major cities. These factors are affecting the service quality of state owned hospitals. Results showed that in state owned hospitals, doctors, nurses and supporting staff are not taking pain to attend the patient or to provide individual care to the

patients, take care of cleanliness, and sterilization of equipments, lack of feedback mechanism showed a low commitment level towards their responsibilities.

Brahmbhatt Mamta, Baser Narayan & Joshi Nisarg (2011) hospital administrations need to gather systematic feedback from their patients and to establish visible and transparent complaint procedures so that patients' complaints can be addressed effectively and efficiently. Most customers are reluctant to make their needs and expectations explicit, including their complaints, although the opportunity to do so is clearly provided in order to promote healing environment.

Sudhakar k.francis, rao M.kameshwar Rao (2012) health care leaders once felt that marketing was only for other industries or had extremely limited use in health care. Today, however, health care marketing is viewed as a necessity that can offer a health care organization a competitive advantage as well as a benefit that can be offered to potential collaboration partners. Historically, in the era of cost-plus reimbursement, health care marketing efforts were put in place for the narrow purpose of increasing the utilization of services. Today‘s health care leaders, however, understand that reimbursement initiatives from government programs and managed care organizations define organizational success as the ability to control the cost of providing services, and not as the ability to fill beds.

Kaya Burcu et al. (2012) the effect of SERVQUAL dimensions on customer satisfaction and return intention has been assessed for each hospital type. Results indicating that empathy has an influence on customer satisfaction for all hospital types show that customers expect and appreciate a customer-focused service concept. This might be a result of general perception that due to high demand (high patient numbers), heavy workload, and performance considerations (it is generally expected that healthcare workers treat a certain number of patients in a certain time

period), healthcare employees do not give patients personalized attention, especially in hospital types other than private.

Abro Zahida, Jalbani Amanat Ali (2012) the study concludes that patients of Civil Hospital are satisfied but the level of satisfaction does not seem very high. The socio economic analysis of the patients suggested that, female patients are more satisfied as compared to male patients. However, gender, age and educational status make no difference in terms of overall patients‟

satisfaction. Majority of the patients approaching Civil Hospital are found uneducated, poor and middle aged. Patients having this background are considered vulnerable part of the society. They require support to fulfill their needs especially medical emergencies, in this connection little help and attention makes them happy and satisfied.

Ahmed Ashfaq Mohammed and Honakeri P.M. (2012) study emphasis on that Government should take precautionary measures with regard to capital expenditure incurred on health sector in India, because it has witnessed negative growth rate under capital account on health sector during the year 2000-01 and 2007-08. As per the National Health Accounts 2004-05, public health expenditure accounts for 26.7 per cent of the total health expenditure in India. Apart from that the public health expenditure to the total public expenditure in the country is dwindling from 0.30 to 0.40 percent. Therefore high priority to the health sector should be provided in the Union Budget in order to increase the share of public expenditure on health.

Chakraborty Ranajit, Majumdar Anirban (2013) in the present economic scenario, the living standard of general people in India has been increasing. With the increase of standard of living, the demand for quality healthcare service is also increasing amongst the general people of India. Therefore, in the present situation all kind of healthcare units has the first and foremost objective to improve their quality standard to ensure patient satisfaction .For all those healthcare units, it is also important to measure the patient satisfaction based on their quality features. SERVQUAL is a well-known instrument to measure customer satisfaction.

Alghamdi Faris S (2013) patient satisfaction was influenced by health service quality, with the empathy dimension as the greatest influence on patient

satisfaction. Therefore, it should be considered apriority by government hospitals to train doctors in interpersonal relationship skills to enhance the doctor-patient relationship.

Dave R. Darshan & Dave Reena (2014) in case of health care services still word of mouth i.e. information regarding hospitals and services from family play an important role. It was found that patients had given more preference to doctors' qualification and experience of doctors. Patients believed that hospitals should be situated in nearby area /location. There was significant influence of education and income of the respondents on patients' loyalty.

Chiou Chuang-chun (2014) in this study, we used SERVQUAL model as a framework of service quality and presented a template for health care leaders to use Lean principles. SERVQUAL model offers the organization to assess the state of its implementation in their organizations. The care receivers benefit come from a joint focus on improving the work life for care service providers and nursing home staff, improving processes to prevent systematic errors, reducing stress levels, and reducing waste so that staffs can spend more time on and focus more on patient care.

Mihaltan Corina Delia, Vitan Daniela & Cucui Gabriel (2014) study proposes to see how the financial effectiveness and performance of non-profit motive organisations can be analysed based on the data provided by their financial statements. Within the Income Statement have to include the income and expenses realised as well as those estimated, so this is the source of information needed. The financial effectiveness and performance is calculated, using the ratios method, by reporting the realised elements to the targeted ones. The period of our analysis involves three fiscal years for the chosen sample. The results involve measures of financial effectiveness and performance for each entity studied, the effectiveness evolution over the studied period, identifying factors which influence both effectiveness and its evolution, and interpreting the results for the whole field.

Ibarra Luis E. et al. (2014) Improvement in quality perception through the development in efficiency and effectiveness when providing the service by reducing the time the patient has to wait to be attended, enhancing the attention order system according to patient‘s condition, improving the pharmacy service and the manner patients and relatives are treated by service personnel, providing assurance, responsibility and empathy, and showing a real concern about the welfare of patients in the emergency care unit.

Gang Nathan Dong (2015) It suggests that, when a hospital made more profit, had the capacity to finance investment using debt, paid higher wages presumably to attract more skilled nurses, its quality of care would generally improve. While the pursuit of profit induces hospitals to enhance both quantity and quality of services they offer, the lack of financial strength may result in a lower standard of health care services, implying the importance of monitoring the quality of care among those hospitals with poor financial health.

Manh Dung Tran & Thi Sen Vu (2018) The study is conducted to investigate the impact levels of determinants on financial performance of public hospitals in the Northwest of Vietnam in the discipline of management accounting. Data are collected from 43 public hospitals in the Northwest of Vietnam. Regression analysis is employed for determining the impact levels of factors on financial performance of public hospitals in Vietnam. The results show that the impact levels of determinants on financial performance decrease from the factors of efficiency of revenue and expenses, efficiency of staff working, mission role, quality standard, satisfaction of service quality, quality of treatment, service supply, strategic planning, financial management efficiency, mission achievement, activity strategy planning; customer‘s expectations, ratio of doctor per patient.

RESEARCH GAP ANALYSIS:

Review of literature revealed the fact that this is an area where a large number of studies had been conducted and even in the present scenario, lots of works test this area. It is currently undergoing quality and customer satisfaction is their specialty because the dynamic nature of the sector and technology advancement. The reviewed literature includes studies in the expected service quality and customer satisfaction, its nature and measurement. Both Indian and foreign based studies were considered for the review.

Indian based studies reviewed were largely carried out in the aspects like service quality, customer satisfaction, product development, distribution, technology adoption, internal marketing etc. Studies conducted from time to time in different parts of India have indicated that the customers are interested primarily in promptness, accuracy, completeness and speed in delivery of service by state owned

hospitals. The present study is in a different dimension - a study with an objective to measure the quality of services provided by civil hospitals operating in Punjab.

The hypothesis is made that such research gap can be filled up by the present study. Hence the present study views the service quality of civil hospitals: one from patient‘s point of view and another one from employees' point of view. This study also focuses on SERVQUAL measurement on various dimensions of service quality in civil hospitals.

NEED OF THE STUDY:

Healthcare sector of a Punjab needs special attentions from the government, as a quality of healthcare provides hope and relief to the patients and their dependents. Growing demand for the state owned healthcare and the absence of the matching delivery mechanisms pose great challenges. Some of the major issues of concern in the health sector which may be low state owned health, vanishing state owned sector, factors that limit the ability. Health care is a rapidly growing sector which has gained much attention from researchers and practitioners worldwide.

There is a limited study in state owned healthcare sector. Thus the relationships among service quality and consumer satisfaction and the determination of behavioral intentions in the healthcare become the primary objective of the research**.** The present study is required to evaluate the perceived level and expected level of the patients towards the service rendered by the state owned Hospital. The purpose of the current research is to address these concerns by focusing and building upon the concept of service value through an empirical investigation.

OBJECTIVES OF THE STUDY:

1. To study the recent scenario of Capital Receipt and Capital Expenditure of state owned hospitals in Punjab.
2. To find out the service quality gap between patient‘s expectations and patient‘s perceptions of the service delivered in the state owned hospitals.
3. To find out the service quality gap between doctor‘s perception of service delivered and current service delivered in the state owned hospitals.

4. To find out the reasons for patient being attracted to specific hospital.

5. To make suggestions to improve financial performance and service quality in state owned hospitals on the basis of findings of the study.

RESEARCH METHODOLOGY:

This section describes the research methodology which would be used for this study. Methodology of research is always crucial for any study, as it shapes and directs the work. Further it reflects the quality, credibility, consistency, objectivity, comprehensiveness and universality of the research work. The present study will be an endeavor to *Assess the Service Quality of State owned Hospitals*. The study will be based on primary and secondary data collected from various sources. This section comprises four sub sections; Research Design, Population and Sample, Tools and Techniques, Procedure of Data Collection. Every possible attempt will has been made to make this study logical, universal and useful by adopting the comprehensive research methodology.

1) **Research Design:** The study being undertaken is Descriptive in nature. Descriptive research attempts to describe in detail the relationship between various aspects of a research problem. Instead of looking at _what was', it looks at _what'. The major purpose of this research design is to describe the state of affairs as it exists at present. While studying the research problem, a scientific methodology will be followed.

   The Descriptive research design has been selected because it can be clearly defined whatever measured and can find methods for measuring it along with a clear cut definition of _population' for study in this research design. Since the main aim is to obtain complete and accurate information, the procedure to be used will be carefully planned. This research design will make enough provision for protection against bias and maximize reliability.

2) Population and Sample:

- **Population:** All items in any field of enquiry constitute a _Population'. The population for the study is patients & doctors of state owned hospitals of the Punjab

state.

Sampling is the most important part of the research work. It may be defined as theselection of some part of an aggregate or totality on the basis of which a judgment or

inference about the aggregate or totality is made. In simple words, it is the process ofobtaining information about the population by examining only a part of it.

- **Sampling Unit:** In this study, the sampling unit will be the patients and doctors of divisional state owned hospitals (civil hospitals). Also, it depends on the level of doctors.
- **Sample Size:** The sample size was so selected that it could be adequate enough to represent the whole population, and also give the true picture. The total sample size will be restricted to 400 patients and 100 doctors of state owned hospitals.

  The finite subset of individuals from a total population is called a sample and the number of respondents selected for a sample is called sample size. As per the formula, developed by Cochran (1977), the sample size for infinite population will be 384 (As per the formula $n_0=z^2pq / e^2$, with 95% desired confidence level and 5% margin of error. p is the approximate proportion of an attribute that is present in the population, and q is 1-p. The value for Z is found in statistical tables which contain the area under the normal curve.). However, in the present study a total of 500 (400+100) respondents will be taken as sample.

- **Sampling Design**: This refers to the procedure by which the respondents should be chosen. In this case, keeping in Mind the nature of data required for the study stratified sampling will be used. As far as Capital Receipts are concerned, Grants and Donations received from World Health Organisation, Government of India and Government of Punjab will be taken into consideration. And Infrastructure Improvement, Strength of OPDs, Beds & Services provided in state-owned hospitals shall be covered under Capital Expenditure.

Scope of the study: This study is restricted to selected districts of Majha,

Malwa and Doaba region of Punjab (25% districts of each region will be selected and those selected districts of each region are the most populated districts of that particular region as per the census of India, 2011).

3) **Tools and Techniques:** SERVQUAL model will be used for assessing the quality in state owned hospitals and the Questionnaire will cover the five dimensions of service quality i.e. Tangibility, Reliability, Responsiveness, Assurance, Empathy. The questionnaire will be in accordance to the objectives giving importance to the service quality of state owned and hospitals. The questionnaire will be in two sections. The first section will have the statements regarding the expectations of the patients i.e. what they expect from the hospitals and the second section will have the statements regarding the perceptions (experiences) with their hospitals. The five point scale will be used with points of 5, 4,3,2,1 assigned strongly agree to strongly disagree. In this study a lot of statistical tools and techniques will be used according to the requirement of the study.

4) **Data Collection Methods:** The method of data collection to be used for the researcher should keep in mind two types of data VIZ. primary and secondary. In this study, there will be use primary data collected through questionnaire. Also, there will be use information available on web-portals and from other sources of published work.

Questionnaire Method: Data originally collected for an investigation are known as primary data. Such data is original in character. The questionnaire method is the most important and popular method. The primary data collected for this research study will be collected through the questionnaire method. While preparing the questionnaires special care will be taken while drafting of the questions which will be arranged logically and ambiguity will be avoided.

ANALYSIS AND INTERPRETATION:

The data after collection has to be processed and presented in accordance to the outline laid down in the research study plan. This is essential for a scientific study and to ensuring that we organize and summarize data carefully in order to increase its validity in such a way that it enables to relate critical points with the study

objectives in a simple and an effective manner. Firstly, the data will be edited, coded and then classified. In order to make the collected data self- speaking, interesting and clear, it will be presented in the form of tables, diagrams and charts. As per the requirements of the study, both the quantitative and qualitative data has been collected.

The study of –A Study of Service Quality of State owned Hospitals with special reference to the state of Punjab‖ required the application of certain statistical techniques according to the requirement of the study will be used in order to have proper and scientific analysis and interpretation of data.

CONCLUSION:

The results will be discussed in detail. All questions of the questionnaire will be discussed separately. This section will comprises three sub sections; findings, conclusion and recommendations. In the findings sections the final outcome of each question of the questionnaire will be discussed and in the conclusion part the complete study will concluded and some important conclusion will be drawn which will help in understanding the current scenario of the hospital and the quality of service delivered by these hospitals and also give a brief idea for further research and in the last part, there will be some recommendation on the basis of the findings of the study which will help in improving the service quality in hospitals.

TENTATIVE CHAPTER SCHEME

CHAPTER – 1 INTRODUCTION

CHAPTER – 2 REVIEW OF THE LITERATURE

CHAPTER – 3 RESEARCH METHODOLOGY

CHAPTER – 4 RECENT SCENARIO OF STATE OWNED HOSPITALS IN PUNJAB

CHAPTER – 5 DATA ANALYSIS & INTERPRETATION

CHAPTER – 6 FINDINGS, CONCLUSION & RECOMMENDATIONS

REFFERENCES:

1. Kavitha, Dr. R (2012), ‒Comparing state owned and private hospital health care- Applicability of SERVEQUAL‖, *International journal of arts and commerce*, 2012.

2. Farooq M.M., Ijaz Aamir, Irfan S.M(2012), ‒Patient satisfaction and service quality of state owned hospitals in Pakistan: An Empirical Assessment‖, Middle-east journal of scientific research 12(6): 870-877, *IDOSI State owned ations 2012*, COMSATS, Institute of information technology, Lahore, Pakistan & Institute of quality and technology management, university of the Punjab , Lahore Pakistan.

3. Ramez, Dr. Wathek S.(2012), ‒Patients' perception of health care quality, satisfaction and behavioural intention: An Empirical study in Bahrain‖, *International journal of business and social science*, September 2012.

4. Siddiqua mst. Joynab, choudhary Md. Ariful Haque (2014), ‒Service quality: An empirical study of private hospitals in Dhaka city‖ ASA university review June 2014.

5. chakraborty Dr. Rana Ranjit, Majumdar Anirban(2013), ‒Identifications of dimensions for measuring service quality of health care in west Bengal‖, *International journal of advance research in computer science and management studies*, research paper, December 2013.

6. Shu Cletus Ambe(2010), ― State owned and private hospitals in Cameroon: service quality and patients' choice hospital‖, Phd thesis submitted to *institute of graduate studies and research* , Eastern Mediterranean university, Gazimagusa, north Cyprus, January 2010.

7. Clapton hannes, Bisschoff christo(2014), ― Measuring customer service in private hospitals‖, problems and perspectives in management, vol 12, 2014.

8. Parasuraman, A., Zeithaml, V.A. & Berry, L.L. (1985),‖ A conceptual model of service quality and its implications for future research‖, *Journal of Marketing*, 49 (4), pp. 41-50.

9. Mattila. A.S., Gradey, A.A. & Fisk, G.M. (2003),‖ The interplay of gender and affective tone in service encounter satisfaction‖, *Journal of Service Research*, 6 (2), pp. 136-143.

10. Abuosi, A.A. & Atinga, R.A. (2013),‖ Service quality in healthcare institutions: establishing the gaps for policy action‖, *International Journal of Healthcare Quality Assurance*, 26 (5), pp. 481-492.

11.Mahapatra, S.(2013), ‒A comparative study of service quality between private and state owned hospitals: Empirical evidences from India‖, *Journal of Medical Marketing*, 13(2), 115-127, 2013.

12. Luke Gary josephs(2007),‖ An assessment of the service quality expectations and perceptions of the patients of Awali hospital in the kingdom of Bahrain‖, MBA dissertation submitted to his *educational institute*, pp.1-113, December 2007.

13. P yogesh pai, T satayanarayna chary(2014),‖ The impact of health scape on service quality and behavioural intentions‖,*International journal of conceptions on management and social sciences*, vol 3, pp. 18-22.

14. Greenfield, D., Nugus, P., Fairbrother, G., Milne, J. and Debono, D.(2011), ―Applying and developing health service theory: an empirical study into clinical governance‖, *Clinical Governance: An International Journal(January 2011)* Vol. 16 No. 1, pp. 8-19.

15. Nekoei-Moghadam, M. & Amiresmaili, M. (2011), Hospital services quality assessment: hospitals of Kerman University of medical sciences, as a tangible example of a developing country, *International Journal of HealthCare Quality Assurance*, 24 (1), pp. 57-66.

16. Taner, T., & Antony, J. (2006), Comparing state owned and private hospital care service quality in Turkey. *Leadershp in Health Services, Vol. 19* (2), pp. 1-10.

17. Singh Rajinder (2010) –Patients' Perception towards Government Hospitals in Haryana‖ *VSRD-TNTJ*, Vol. I (4), pp 198-206.

18. Sodani P.R., Sharma Kalpa, (2011) –Assessing patient satisfaction for investigative services at state owned hospitals to improve quality of services‖ Vol. 2 Issue 3 pp 404-408.

19. Singh Rajkumar Giridhari, Dr. Shah Md. Kheiruddin, (2011) –Customers' preference for selecting for private hospital: A study in Manipur‖ *Management Convergence*, Vol. 2. No. 2, pp .

20. Weingart S.N., Pagoviceh O., Sands D.Z., et al. (2006).‖Patient –reported service quality on a medicine unit.‖ *International journal of Quality in health care* 18(2):95-101.

21. Kandampully, J (2002). *Services management: The new paradigmin hospitality.* Frenchs Forest NSW: Pearson Education Australia.

22. Ha Jooyeon and SooCheong Shawn Jang,(2009), –Perceived justice in service recovery and behavioural intentions: The role of relationship quality,‖*International Journal of Hospitality Management*, Volume 28, P.319-327.

23. Sharma J K, Narang Ritu (2011) –Quality of Healthcare Services in Rural India: The User Perspective‖ VIKALPA, Vol. 36, no 1, pp 50-60.

24. Seth Nitin and Deshmukh S.G. (2005) –Service quality models: a review‖, *International Journal of Quality & Reliability Management*, Vol. 22 No. 9, pp. 913-949.

25. Rao Krishna Dipankar, Peters David H., Bandeen-Roche Karen, (2006) **"**Towards patient-centered health services in India—a scale to measure patient perceptions of quality**"** *International Journal for Quality in Health Care,* Vol. 18, No. 6, pp. 414–421

WEBSITES:

http://www.nabh.co/main/

http://www.healthandkarma.com/

http://punjabhealth.co.in/

https://www.india.gov.in/spotlight/uni

on-budgetwww.mohfw.nic.in

www.mciindia.

org

www.dciindia.

org

www.pbhealth.

gov.in

www.pgimer.ni

c.in

www.bfuhs.ac.i

n

www.graupunj

ab.org

www.gmcpatia

la.com

www.gmc.edu.

in

www.ggsmch.o

rg

www.gdcpatial

a.com